PTO/SB/22 (12-04)

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| PETITION FOR | R EXTENSION OF TIME UNDER 3 | Docket Number (Optional) | | |
|---|---|--------------------------|--------------------------|---------------|
| FY 2006 | | | VM7036492001 | |
| | ant to the Consolidated Appropriations Act, 200 | | | |
| Application Number 10/687,522 | | | Filed October 15, 2003 | |
| For SYSTEMS AND METHODS FOR FUNCTIONAL IMAGING USING CONTRAST-ENHANCED MULTIPLE-ENERGY COMPUTED TOMOGRAPHY | | | | |
| Art Unit 3737 | | | Examiner Kish, James M. | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| | One month (37 CFR 1.17(a)(1)) | <u>Fee</u> \$120 | Small Entity Fee \$60 | \$ |
| \boxtimes | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ <u>450</u> |
| | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| П | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| □ A check in the amount of the fee is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Director has already been authorized to charge fees in this application to a Deposit Account. □ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 504047. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| ☑ attorney or agent of record. Registration Number <u>51,541</u> | | | | |
| attorney or agent under 37 CFR 1.34. | | | | |
| Registration number if acting under 37 CFR 1.34 | | | | |
| March 10, 2008 | | | | |
| Signature | | | Date | |
| Gerald Chan | | | 650.849.4960 | |
| Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| Total of forms are submitted. | | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application, Confidentiality is governed by 58 U.S. C. 123 and 37 CFR 1.13 and 1.14. This collection is estimated to lack 6 minutes to complete, including gathering, preparing, and submitting the completed application from to the USFTO. Time will vary depending upon the inclividual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandri, V.A. 2231-134(b). ON INT SEMP EEGS OR COMPLETEOPORINS TO THIS ADDRESS. SEMD TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.